

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006366

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 149 Primary Registration District No. 1022 Registrar's No. 1408

STATE FILE NUMBER

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF BIRTH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Length of stay in 1b <b>42 yrs.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Malotte Nursing Home</b> <b>3217 Cleveland</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>MATHEW</b> Middle <b>S.</b> Last <b>BRANDT</b>		4. DATE OF DEATH Month <b>3</b> Day <b>1</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-21-75</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Watch Repairman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Watch Repair</b>	
11a. BIRTHPLACE (City and state or country) <b>? , Poland</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Brandt</b>		13b. MOTHER'S MAIDEN NAME <b>Mary White</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT <b>Records, K.C. Mo. General Hospital</b> <b>Records, Jackson County Welfare, K.C.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Edema</b> DUE TO (b) <b>Emphysema</b> DUE TO (c) <b>Arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>5 years</b> <b>15 years</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <b>4:05 a.m.</b> Month, Day, Year <b>3-1-63</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>428 So. White Ave</b>		COUNTY <b>K.C. Mo</b> STATE <b>K.C.</b>	
21. I attended the deceased from <b>10-1-41</b> to <b>3-1-63</b> and last saw her alive on <b>3-1-63</b> Death occurred at <b>4:05 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <b>428 So. White Ave</b>	
22a. SIGNATURE <b>Frank Paul Laurenciano</b> (Degree or title)		22c. DATE SIGNED <b>3-1-63</b>	
23. BURIAL, CREMATION, REMOVAL (Specify) <b>Anatomical</b>		23d. LOCATION (City, town, or county). <b>K.C. Mo</b>	
24. FUNERAL DIRECTOR <b>WEILERT FUNERAL HOMES (S) K.C., MO.</b>		25. DATE RECD. BY LOCAL REG. <b>3-4-63</b>	
26. REGISTRAR'S SIGNATURE <b>Ruth H Long</b>			

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John R. Simon*

Licensed Embalmer No.

453

P. O. Address

Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.